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FACSIMILE COVER LETTER

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To: Examiner E. Wojciechowicz
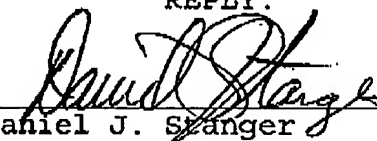   Group Art Unit 2815, USPTO

From: Mr. Daniel J. Stanger
          MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/772,391
          Attorney Docket No.: T&A-125

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Form PTO-1083; and
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_____   _7/29/2005_____
Daniel J. Stanger   Date
Reg. No. 32,846

Total Number of Pages (including cover sheet): 16

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FORM PTO-1083

PATENT

Case Docket No.   T&A-125

In RE application of   **T. KAWATA**

Serial No.:   **10/772,391**

Filed: **February 6, 2004**

For: **SEMICONDUCTOR DEVICE**

Group Art Unit: **2815**

Examiner: **E. Wojciechowicz**

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identfied application.

☐   Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐   A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒   No additional fee is required.

The fee has been calculated as shown below:

(COL. 1) Claims Remaining After Amendment		(COL. 2) Highest No. Previously Paid For	(COL. 3) Present Extra	SMALL ENTITY Rate	Additional Fee	OR	OTHER THAN A SMALL ENTITY Rate	Additional Fee
Total	• 15	Minus •• 20	— 0	x 9	$	OR	x 18	$ 0
Indep.	• 5	Minus ••• 5	— 0	x 42	$		x 84	$ 0
☐ First Presentation of Multiple Dependent Claims				+ 140	$		+ 280	$ 0
				Total	$	OR	Total	$ 0

*   If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
**   If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
*** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐   Please charge my Deposit Account No. 50-1417 in the amount of $_____ .

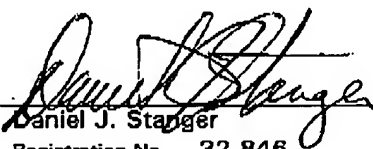☐   A check in the amount of $_____ is attached in payment of:
    _____ .

☒   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

   ☒   Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

   ☒   Any patent application processing fees under 37 CFR 1.17.

   ☒   Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120

Date: __July 29, 2005__

By: _____
Daniel J. Stanger
Registration No.   32,846
Attorney for Applicant(s)

T&A-125

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

T. KAWATA et al

Serial No. 10/772,391   Group Art Unit: 2815

Filed: February 6, 2004   Examiner: E.J. Wojciechowicz

For: SEMICONDUCTOR DEVICE

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450   July 29, 2005

Sir:

    In Reply to the Office Action mailed June 1, 2005, please amend the above application as set forth below.